



JAN. 5. 2005 3:08PM

USDA/ARS/OTT Fax: 301-504-5060

NO. 0520 P. 2

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

25295 7590 10/06/2004

**USDA, ARS, OTT  
5601 SUNNYSIDE AVE  
RM 4-1159**

01/06/2005 MBEYENEE 00000053 502134 09528488

01 FC:1501 1400.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Robin A. McCormick

(Depositor's name)

*Robin A. McCormick*

(Signature)

11/5/05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/528,488	03/17/2000	Najla Guthrie	52953.8	3790

TITLE OF INVENTION: COMPOSITIONS AND METHODS OF TREATING, REDUCING, AND PREVENTING CARDIOVASCULAR DISEASES AND DISORDERS WITH POLYMETHOXYFLAVONES

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	01/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
OWENS JR, HOWARD V	1623	514-456000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John D. Fado

2 Gail E. Poulos

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**The United States of America, as  
Represented by the Secretary of Agriculture**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Washington, D.C.**

(Please see Cont. of PTOL-85B)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2134 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Gail E. Poulos*

Date

1/05/05

Typed or printed name

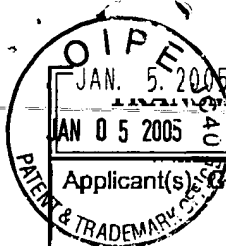
Gail E. Poulos

Registration No.

36,327

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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JAN. 5. 2005 3:07PM	USDA/ARS/OTT Fax: 301-504-5060	Entity)	NO. 0520	st N.	1
JAN 05 2005	(37 C.F.R. 1.311)			-0093.00	

Applicant(s): Guthrie et al.

Application No. 09/528,488	Filing Date 3/17/00	Examiner Howard V. Owens, Jr.	Customer No. 25295	Group Art Unit 1623	Confirmation No.
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Invention: **Compositions and Methods of Treating, Reducing, and Preventing Cardiovascular Diseases and Disorders With Polymethoxyflavones**

Mail Stop Issue Fee  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1400.00    ☐ Design Fee: \_\_\_\_\_    ☐ Plant Fee: \_\_\_\_\_
- ☐ Publication Fee: \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-2134 as described below.
- ☒ Charge the amount of \$1,400.00
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.


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\_\_\_\_\_  
Signature

Dated: 1/5/05

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Robin A. McCormick	
Typed or Printed Name of Person Signing Certificate	

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5. 2005 3:08PM

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NO. 0520 P. 3

Continuation of PTOL-85B  
S.N. 09/528,488

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

1.) (A) NAME OF ASSIGNEE:

KGK Synergize, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

London, Ontario, Canada

☒ corporation or other private group entity

2.) (A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

corporation or other private group entity